

EXHIBIT FF

Estate of Gene Edward Maloy

VITAL RECORDS CERTIFICATE

DEPARTMENT OF HEALTH
VITAL RECORDS2001 OCT 24 P 3:53
DATE FILED

CERTIFICATE OF DEATH

155-01-049446

Certificate No

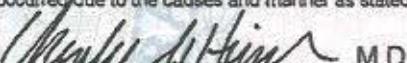
1. NAME OF
DECEASED Gene Edward Maloy
(Type or print) (First Name) (Middle Name) (Last Name)

MEDICAL CERTIFICATE OF DEATH (To be filled in by the O.C.M.E.)

2 PLACE OF DEATH	NEW YORK CITY 2a BOROUGH Manhattan	2b Name of hospital or other facility if not facility, street address World Trade Center	2c If in Hospital or Other Facility 1 <input type="checkbox"/> DOA <input type="checkbox"/> Outpatient 2 <input type="checkbox"/> Emerg 4 <input type="checkbox"/> Inpatient	2d If inpatient, date of current admission Month Day Year
3 DATE AND HOUR OF DEATH OR FOUND DEAD	3a (Month) (Day) (Year) September 11, 2001		3b Hour <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	4 SEX MALE
5 APPROXIMATE AGE 41 Years				INTERVAL BETWEEN ONSET AND DEATH

6 DEATH WAS CAUSED BY:		Enter only one cause per line	INTERVAL BETWEEN ONSET AND DEATH
P A R T 1	a Immediate cause	Physical injuries. (Body Not Found)	
	b Due to or as a consequence of		
	c Due to or as a consequence of		

d Other significant conditions contributing to death but not resulting in the underlying cause given in part 1		7d PLACE OF INJURY- At home, Farm, Street, etc Office Building
7a INJURY DATE (Month) (Day) (Year) September 11, 2001	7b Time <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
7e LOCATION World Trade Center		

7f HOW INJURY OCCURRED		Office Worker Killed in World Trade Center Disaster		
8 Manner of Death <input type="checkbox"/> Pending Further Study <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined		9 Autopsy <input type="checkbox"/> Yes <input type="checkbox"/> No Autopsy Pursuant to Law <input checked="" type="checkbox"/> No Autopsy	10 On the basis of examination and/or investigation In my opinion, death occurred due to the causes and manner as stated Certifier Signature:  M.D. Date: October 24, 2001	
11 M E Case No DX0100682	12a Date Pronounced Dead (if different from 3a)	12b Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Name (Print): Charles S. Hirsch, M.D.	

PERSONAL PARTICULARS (To be filled in by Funeral Director, or in case of City Burial, by O.C.M.E.)					
13 Usual Residence a State NY	13b County Kings	13c City, Town, or Location Brooklyn	13d Street & House No 8500 Fourth Avenue	Zip Apt No 11209 2G	13e Inside City Limits of 7c <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

14 Served in U.S. Armed Forces No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Specify Years <input checked="" type="checkbox"/> <input type="checkbox"/> From To	15 Marital Status (Check One) <input type="checkbox"/> Never married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Married or separated <input type="checkbox"/> Divorced	16 Name of Surviving Spouse (If wife, give maiden name) Margaret Randazzo
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17 Date of Birth of Decedent 01/23/60	18 Age at last birthday 41	if under 1 year mos	if less than 1 day days	19 Social Security No 224-98-7359
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20a Usual Occupation Systems Analyst	20b Kind of business or industry Insurance/Brokerage
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21 Birthplace (City & State or Foreign Country) Manassas, Virginia	22 Education (Specify only highest grade completed) Elementary/Secondary (0-12)	23 Other name(s) by which decedent was known 4
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24 NAME OF FATHER OF DECEASED Gene A. Maloy	25 MAIDEN NAME OF MOTHER OF DECEASED
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26a NAME OF INFORMANT Margaret Randazzo-Maloy	26b RELATIONSHIP TO DECEASED Wife	26c ADDRESS (CITY) (STATE) (ZIP) 31-11 32nd Street Apt. 24, Astoria, New York 11106
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27a NAME OF CEMETERY OR CREMATORIAL	27b LOCATION (City, Town, State and Country)	27c DATE OF BURIAL OR CREMATION
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28a FUNERAL ESTABLISHMENT	28b ADDRESS
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This is to certify that the foregoing is a true copy of a record on file in the Department of Health

VR16(1794) (9/01) VITAL RECORDS DEPARTMENT OF HEALTH AND MENTAL HYGIENE
The statements made thereon, as an inquiry as to the facts has been provided by law.

Gretchen Van Wye, PhD, City Registrar

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Family Member Affidavits

Margaret Randazzo-Maloy

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

----- X

In Re:

TERRORIST ATTACKS ON
SEPTEMBER 11, 2001

03-MDL-1570 (GBD)(SN)

----- X
RAYMOND ALEXANDER, et al.,

**AFFIDAVIT OF MARGARET
RANDAZZO-MALOY**

Plaintiffs,

21-CV-03505 (GBD)(SN)

V.

ISLAMIC REPUBLIC OF IRAN,

Defendant.

----- X

STATE OF CALIFORNIA)
: SS
COUNTY OF LOS ANGELES)

MARGARET RANDAZZO-MALOY, being duly sworn, deposes and says:

1. I am a plaintiff in the within action, am over 18 years of age, and reside at 1821 South Bentley Avenue, Apt. 305, Los Angeles, California 90025.
2. I am currently 56 years old, having been born on November 26, 1966.
3. I am the wife of Decedent, Gene Edward Maloy, upon whose death my claim is based, and submit this Affidavit in connection with the present motion for a default judgment and in support of my solatium claim.
4. My husband passed away on September 11, 2001, at the age of 41. His death was a direct result of injuries he sustained from the September 11, 2001, terrorist attacks at the World Trade Center.

5. At the time of September 11, 2001, Gene was an analyst with Marsh and McLennan. He worked hard to reach that position. In addition to his job, he had many interests and hobbies that we enjoyed together including watching movies, playing tennis, swimming, taking road trips, listening to jazz, and eating French fries and chocolate.

6. On the morning of September 11, 2001, Gene was working in the World Trade Center. His colleague went downstairs to get breakfast, and asked Gene to join him. Gene, being who he was, said no because he wanted to get a step up on his day. Less than an hour later, the towers were struck.

7. Gene passed away on September 11, 2001, due to injuries sustained from the terrorist attacks on the World Trade Center.

8. Because of the way that my husband died, his death will continue to have far reaching consequences for me. Gene had been my best friend and confidant. Now we will never have grandchildren together.



MARGARET RANDAZZO-MALOY

Sworn before me this

3 day of October, 2023

Notary public

THE APPROPRIATE
CALIFORNIA NOTARY FORM
IS ATTACHED.

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**CIVIL CODE § 1189**

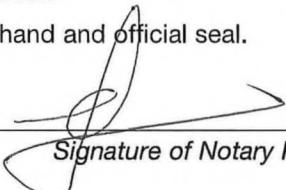
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
 County of Los Angeles)
 On 10/31/2023 before me, Elin Aghakians, Notary Public,
 Date Here Insert Name and Title of the Officer
 personally appeared Margaret Randallo-Maloy
 Name(s) of Signer(s)

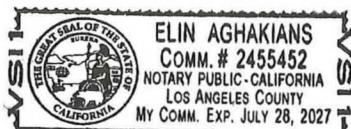
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature 

Signature of Notary Public



Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: lawsuit against Islamic Republic of Iran Wright

Document Date: _____ Number of Pages: 3

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

Corporate Officer — Title(s): _____

Partner — Limited General

Individual Attorney in Fact

Trustee Guardian or Conservator

Other: _____

Signer Is Representing: _____

Signer's Name: _____

Corporate Officer — Title(s): _____

Partner — Limited General

Individual Attorney in Fact

Trustee Guardian or Conservator

Other: _____

Signer Is Representing: _____